

# **The Proposed AOA-ACGME Unified Accreditation System**

## **Summary**

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# 2 Accrediting Bodies of GME

	Accredited Programs	Number of Residents	1 <sup>st</sup> Year Residency Slots	Medical school graduates
<b>ACGME</b>				
2011-2012	9,022	115,293	24,034	17,338
2012-2013	9,265	117,254	26,392	18,156
<b>2013-2014</b>	<b>9,516</b>	<b>121,806</b>	<b>26,678</b>	<b>18,665*</b>
<b>AOA</b>				
2011-2012	1,015	6,895	2,589	4,773
2012-2013	1,068	7,498	2,836	4,913
<b>2013-2014</b>	<b>1,105</b>	<b>7,593</b>	<b>2,873</b>	<b>5,153 *</b>

*\* Projected*

# ACGME vs AOA Comparison

## ACGME

- More programs
- New common program requirements (2011)
- 18 months to 36 months to start a new GME program
- Utilizes university faculty

## AOA

- Fewer programs
- Requires osteopathic principles and practice
- 6 months to 18 months to start a new GME program
- Utilizes community faculty

# Merger Talks Begin 2012

**ACGME**

Accreditation Council for Graduate Medical Education

***Unified GME Accreditation System***



A Venn diagram consisting of three overlapping circles. The top circle is purple and labeled 'ACGME'. The bottom-left circle is grey and labeled 'AACOM'. The bottom-right circle is light blue and labeled 'AOA'. The central area where all three circles overlap is shaded a darker purple and labeled 'Unified GME Accreditation System'.

**AACOM**

American Association of  
Colleges of Osteopathic Medicine

**AOA**

American Osteopathic Association

# Memorandum of Understanding

- October 24, 2012
- AOA, AACOM, ACGME
- A single, unified accreditation system
- Confidentiality Agreement



# Stakeholders

1. Accreditation Council for Graduate Medical Education
2. American Hospital Association
3. Association of American Medical Colleges
4. Council of Medical Specialty Societies
5. American Board of Medical Specialties
6. American Medical Association
7. Residency Review Committees
8. American Medical Student Association

1. American Osteopathic Association
  2. American Association of Colleges of Osteopathic Medicine
  3. Osteopathic specialty colleges
  4. Osteopathic specialty certification boards
  5. Student Osteopathic Medical Association
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1. Center for Medicare and Medicaid Services
  2. Committee of Interns and residents



# Projected Outcomes

1. One set of standards for all GME training
2. Single, unified GME accreditation system
  - One accreditation process (one inspection)
3. Unrestricted GME access for DOs
4. Access to Osteopathic GME training for MDs
5. Single residency match system
6. Unified voice in efforts to create more GME

# Unintended Consequences

1. Threat of closure of small GME programs
2. Loss of jobs for AOA board-certified-only PDs and DMEs (ACGME requires ABMS certification)
3. Osteopathic specialty organizations at risk for decline in membership
4. Osteopathic specialty boards at risk
5. State Osteopathic licensing boards may disappear
6. May trickle down to medical school accreditation
7. Loss of osteopathic distinctiveness for DOs



# 2013 to 2014

- July 2013 at AOA House of Delegates meeting, the AOA announced it had rejected the Memorandum of Understanding (MOU) stating that it failed to satisfactorily address several of the AOA's non-negotiable items
- February 26, 2014 the AOA Board of Trustees announced that it had again reached agreement with the ACGME on the terms of a MOU to create a single unified system for the accreditation of GME in the United States

# ACGME Terms of the Merger

- OGME programs will have from July 2015 to July 2020 to get full ACGME accreditation
- AOA and AACOM will be members of ACGME Board of Directors along with the 5 original organizational members (AMA, ABMS, AAMC, CMSS, and AHA)
- Each RRC will determine if OGME programs are in “substantial compliance” with accreditation standards
- AOA will have representation on specialty RRCs

- Two new osteopathic review committees will be created to evaluate and set standards for the osteopathic aspects of training programs seeking osteopathic recognition. (Osteopathic Principles , Neuromuscular Medicine)
- ACGME will hire a senior staff position from within the osteopathic postdoctoral training community to help oversee the transition.
- DOs and MDs are eligible to enter any ACGME residency or fellowship program. MDs must meet certain prerequisites to enter osteopathic focused programs
- Each RRC will determine if the AOA board certified Program Director is qualified to be the PD on an individual basis

# 2014 AOA HOD Resolution

- **RESOLVED**, the AOA will monitor and evaluate the transition process with respect to:
- The ability of AOA-trained and certified physicians to serve as program directors in ACGME osteopathic residency programs;
- The maintenance of smaller, rural and community-based training programs; and
- Recognition of the importance of osteopathic board certification exams as a valid outcome measure of the quality of residency programs with osteopathic recognition
- **RESOLVED**, that the AOA House of Delegates expresses its support for the AOA's entry into a single accreditation system that perpetuates unique osteopathic graduate medical education programs

# AOA HOD Meeting in July 2014

- Osteopathic delegates from each state will have voice and vote
- Osteopathic specialty organizations of will have voice and vote
- Many are for the merger and many are opposed
- Outcome is unknown

# **References**

- National Resident Matching Program website
- National Matching Services, website
- Accreditation Council for Graduate Medical Education website
- American Osteopathic Association website
- American Association of Colleges of Osteopathic Medicine website
- American Association of Medical Colleges website
- American College of Osteopathic Family Physicians website